

FORM D

UNITED STATES

ŞECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

03030624

OMB APPROVAL OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response16.00

	SEC U	ISE ONLY	
Prefix		Serial	٦
	DATE	RECEIVED	

Name of Offering ([] check if this is an amendment and name has changed, and indicate change.) Common Stock	1222022	
	1 4 4 5 4 5 C	
Filing Under (Check box(es) that apply): []Rule 504 []Rule 505 [X]Rule 506 [] Section 4(6) [] ULOF	E	
Type of Filing: [] New Filing [X] Amendment		
A. BASIC IDENTIFICATION DATA		
Enter the information requested about the issuer		
Name of Issuer ([X] check if this is an amendment and name has changed, and indicate change.)	-	
QAXU TECHNOLOGY inc		
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)	
80 S. Eighth Street, Minneapolis, Minnesota 55402	612-339-2580	
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from	Telephone Number (Including Area Code)	
Executive Offices)		
Same	DDCCEC	QE
Same Brief Description of Business	PROCES	SE
Brief Description of Business		
Brief Description of Business homeostatic hover control systems	PROCES	
Brief Description of Business homeostatic hover control systems Type of Business Organization		
Brief Description of Business homeostatic hover control systems Type of Business Organization [X] corporation [] limited partnership, already formed [] other (please specify):	SEP 09 20	003
Brief Description of Business homeostatic hover control systems Type of Business Organization	SEP 0 9 20	ง 1003
Brief Description of Business homeostatic hover control systems Type of Business Organization [X] corporation [] limited partnership, already formed [] other (please specify): [] business trust [] limited partnership, to be formed	SEP 0 9 20 THOMSO FINANCIA	ง 1003
Brief Description of Business homeostatic hover control systems Type of Business Organization [X] corporation [] limited partnership, already formed [] other (please specify):	SEP 0 9 20	ง 1003
Brief Description of Business homeostatic hover control systems Type of Business Organization [X] corporation [] limited partnership, already formed [] other (please specify): [] business trust [] limited partnership, to be formed Actual or Estimated Date of Incorporation or Organization:	SEP 0 9 20 THOMSO FINANCIA	ง 1003
Brief Description of Business homeostatic hover control systems Type of Business Organization [X] corporation [] limited partnership, already formed [] other (please specify): [] business trust [] limited partnership, to be formed	SEP 0 9 20 THOMSO FINANCIA	ง 1003

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer,
- · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuer.

Check Box(es) that Apply:	[X] Promoter [X] Beneficial Owner [X] Executive Officer [X] Director [] General and/or Managing Partner	
Full Name (Last name first, if i Pedersen, Brad	lividual)	
	Number and Street, City, State, Zip Code) th Street, Minneapolis, MN 55402	
Check Box(es) that Apply:	[X] Promoter [X] Beneficial Owner [X] Executive Officer [X] Director [] General and/or Managing Partner	
Full Name (Last name first, if i Spirov, Pete	lividual)	
	Number and Street, City, State, Zip Code) th Street, Minneapolis, MN 55402	
Check Box(es) that Apply:	[X] Promoter [X] Beneficial Owner [X] Executive Officer [X] Director [] General and/or Managing Partner	
Full Name (Last name first, if i Carlson, Kent	lividual)	
	Number and Street, City, State, Zip Code) th Street, Minneapolis, MN 55402	
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner	
Full Name (Last name first, if i	lividual)	
Business or Residence Address	Number and Street, City, State, Zip Code)	
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner	
Full Name (Last name first, if i	lividual)	
Business or Residence Address	Number and Street, City, State, Zip Code)	
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner	
Full Name (Last name first, if i	lividual)	
Business or Residence Address	Number and Street, City, State, Zip Code)	
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner	
Full Name (Last name first, if i	lividual)	
Business or Residence Address	Number and Street, City, State, Zip Code)	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

				B. INF	ORMAT	ION ABO	UT OFFI	ERING					
1. Has the issuer sol	d, or does the	issuer inter	nd to sell, to	non-accred	lited investo	rs in this of	fering?						Yes 1
				Answer also	in Append	ix, Column	2, if filing t	ınder ULOE	₹.				
. What is the mining	num invectm	ant that will											\$ 2 0
What is the infini	num mvesum	Cir that Will	be accepted	homany	individual:	• • • • • • • • • • • • • • • • • • • •	***************************************						
. Does the offering	permit joint	ownership o	of a single u	nit?	······································							••••••	Yes] [X]
Enter the informa solicitation of pur registered with th of such a broker of	chasers in co e SEC and/or	nnection wi	th sales of s e or states, l	ecurities in ist the name	the offering of the brok	g. If a perso ter or dealer	n to be liste . If more th	d is an asso	ciated perso	n or agent o	f a broker o	or dealer	
ull Name (Last nam	e first, if indi	vidual)			:								-
Business or Residenc	e Address (N	umber and	Street, City,	State, Zip	Code)								
Vame of Associated 1	Broker or De	aler		···········	· · · · · · · · · · · · · · · · · · ·								
States in Which Perso	n Listed Use	Solicited o	r Intende to	Solioit Dur	hacers								
(Check "All State												[] All Sta
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] {OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Full Name (Last nam			[,,,]	[,,,,		[• •]	[1.1.]	[,,,,]		[112]	[,,]	[210]	
Dusiness on Residence	a Address Of	Tumba and	Street City	State 7in	Codo				····			····	
Business or Residenc	e Address (N	iumber and	Street, City	State, Zip	code)								_
Name of Associated 1	Broker or De	aler											
States in Which Perso (Check "All State												[] All Sta
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Fuli Name (Last nam	e first, if indi	vidual)											
Business or Residence	e Address (N	lumber and	Street, City	State, Zip	Code)				······································			**	
Name of Associated	Broker or De	aler				<u> </u>				 			· · · · · · · · · · · · · · · · · · ·
States in Which Perso (Check "All State												[] All Sta
{AL} [IL] [MT]	[AK] [IN] [NE]	[AZ] [IA] [NV]	[AR] [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Aggregate Type of Security Offering Already Price Sold Debt 0 0 Equity 1,000,000 \$ 510,000 [X] Common [] Preferred Convertible Securities (including warrants) 0 \$ 0 \$ 0 Partnership Interests \$) 0 Other (Specify 1,000,000 \$ 510,000 Total Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount of Purchases Investors \$ ___ Accredited Investors 510,000 \$ Non-accredited Investors Total (for filings under Rule 504 only) \$_ Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C--Question 1. Type of Dollar Amount Type of Offering Security Sold Rule 505 \$ Regulation A Rule 504 a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. 0 Transfer Agent's Fees [] Printing and Engraving Costs 15,000 [x] Legal Fees fx] 25,000 0 Accounting Fees 0 Engineering Fees [] Sales Commissions (Specify finders' fees separately) [] Other Expenses (identify) [] 0

40,000

[x]

	b. Enter the difference between the aggregate offering price given in response to Part CQuestion 1 and total exfurnished in response to Part CQuestion 4.a. This difference is the "adjusted gross proceeds to the issuer"	penses					\$ <u>960,000</u>
i,	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part CQuestion 4.b	te. Th	e total				
	· ·			Payments to Officers, Directors & Affiliates			Payments t
	Salaries and fees	[x]	\$	60,000	_ []	\$.	
	Purchase of real estate	[]	\$	· · · · · · · · · · · · · · · · · · ·	[]	\$.	
	Purchase, rental or leasing and installation of machinery and equipment	[]	s		[]	\$	
	Construction or leasing of plant buildings and facilities	[]	\$		[]	\$	
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[]	s		[]	\$.	
	Repayment of indebtedness	[]	s		[]	\$.	
	Working capital	[]	s		[x]	\$.	900,000
	Other (specify):	•					
		- []	s		_ []	\$.	
	Column Totals	[x]	\$	60,000	[x]	\$.	900,000
	Total Payments Listed (column totals added)		[x]	\$ 960,000			
	D. FEDERAL SIGNATURE						
_	DI EDDRING GORALI GREE						
und	issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed unertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, accredited investor pursuant to paragraph (b)(2) of Rule 502.						
	er (Print or Type) XU TECHNOLOGY inc		Date Septemb	per 2 2003	 ,		
	me of Signer (Print or Type) Title of Signer (Print or Type) d Pedersen Chief Executive Officer		•				

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE	
1.	. Is any party described in 17 CFR 230.262 presently sub of such rule?		Yes No
		See Appendix, Column 5, for state response.	
2.	. The undersigned issuer hereby undertakes to furnish to times as required by state law.	any state administrator of any state in which thi	s notice is filed, a notice on Form D (17 CFR 239.500) at such
3.	. The undersigned issuer hereby undertakes to furnish to	the state administrators, upon written request, inf	ormation furnished by the issuer to offerees.
4.			be entitled to the Uniform Limited Offering Exemption (ULOE) exemption has the burden of establishing that these conditions
The	he issuer has read this notification and knows the contents to	o be true and has duly caused this notice to be sig	ned on its behalf by the undersigned duly authorized person.
Iss	ssuer (Print or Type)	Signature	Date
QA	QAXU TECHNOLOGY inc	5 8212 m	September <u>Z</u> 2003
Na	Name of Signer (Print or Type)	Title (Print or Type)	
Bra	Brad Pedersen	Chief Executive Officer	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	Intend to non-e investor	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C-Item 2)					5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
				Number of Accredited		Number of Non-Accredited					
State AL	Yes	No		Investors	Amount	Investors	Amount	Yes	No		
							<u> </u>		ļ		
AK		<u> </u>		Andrew			<u> </u>		ļ		
AZ					<u> </u>						
AR											
CA											
CO											
CT											
DE											
DC											
FL				L							
GA											
HI		X	Common Stock	1	40,000	0	0		X		
ID											
II.											
IN											
IA											
KS											
KY											
LA											
ME											
MD											
MA		х	Common Stock	1	25,000	0	0		Х		
MI											
MN		Х	Common Stock	11	252,500	0	0		X		
MS	 	 									
МО											
MT		 			 		† -				
NE	 	1						 			
NV					-						
NH	 						1	<u> </u>			
NJ	 	 			<u> </u>		 	, , , , , , _V e + · · ·			
NM		 			+		 		 		
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ND					-		 				
OH											
OK		X	Common Stock	1	12,500	0	0		X		
L	<u> </u>	<u> </u>	<u> </u>	7.of8	<u> </u>		11	····	L		

APPENDIX

1	Intend to sell to non-accredited investors in State		Type of security and aggregate offering price		5 Disqualification under State ULOE (if yes, attach explanation of					
		s in State -Item 1)	offered in state (Part C-Item 1)		amount purcha (Part C-I	ised in State		waiver granted) (Part E-Item 1)		
State	Yes	No	(ran onemi)	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No No	
OR			;							
PA	***************************************									
RI		İ	-							
SC										
SD	**	X	Common Stock	1	100,000	0	0		х	
TN			· · · · · · · · · · · · · · · · · · ·							
TX										
UΤ										
VT										
VA		Х	Common Stock	1	25,000	0	0		Х	
WA										
wv						***		····		
WI								······································		
WY					1					
PR					1					